



Offering Keys to Communication

VDDHH

VDDHH RATCLIFFE BUILDING, SUITE 203 1602 ROLLING HILLS DRIVE RICHMOND VA 23229-5012 1-800-552-7917 OR (804)662-9502	TAPLOAN SITE:	LOAN DATE START: _____ DUE DATE: _____ RETURN DATE: _____ LOAN PURPOSE: _____ TAPLOAN REP: _____
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PLEASE PRINT
NAME:

LAST FIRST MI

☐ HOME ADDRESS _____
☐ BUSINESS _____
☐ VISITING CITY _____ STATE _____ ZIPCODE _____

HOME TELEPHONE (____) _____ - _____ ☐ VOICE ☐ TTY ☐ BOTH
WORK TELEPHONE (____) _____ - _____ ☐ VOICE ☐ TTY ☐ BOTH

ID TYPE / #:

(driver's license, social security card, etc.)

I understand that I am asking for **TEMPORARY permission (30 Days)** to use equipment through the TAPLOAN program of the Virginia Department for the Deaf and Hard of Hearing (VDDHH.) By signing below on this form, I understand and agree to all of the following terms and conditions:

1. I can **ONLY** use this equipment while staying in Virginia
2. I understand there is no charge for use of the equipment, BUT failure to return equipment may result in suspended privileges to receive equipment through VDDHH'S Technology Assistance Program (TAP) or TAPLOAN.
3. I understand that the equipment available through TAPLOAN is the same type of equipment available through TAP, and if I am a resident of Virginia I can get a TAP application from the same agency that provided the TAPLOAN equipment.
4. I have looked at and used the equipment I will borrow and agree that it is in good working order.
5. I will pay for all repairs if the equipment is damaged due to abuse or misuse while I have the equipment.

SIGNATURE:

DATE:

DEVICE	SERIAL #	VDDHH TAG #

LOAN EXTENSION: If an extension is needed I must contact the TAPLOAN site for approval.

DATE SITE CONTACTED: _____ NEW DUE DATE: _____ STAFF INITIALS: _____

REASON FOR EXTENSION: _____

SIGNATURE WHEN EQUIPMENT IS RETURNED _____ DATE _____